APPLICATION FOR ARIZONA MILITARY FAMILY RELIEF FUND FINANCIAL ASSISTANCE Complete all applicable blocks
Name of Servicemember (Last, First, MI) Grade Branch of Service Home of Record Date of Application SSN DOB Deployed Location(s) and Date(s) of Deployment Yrs Service DOS Home Phone Cell Phone Medically Retired Pay Date Wounded Home Address (include City, State & Zipcode): Location of Death Date of Death Cause of Death Referred By Is Servicemember Deceased? If Not Spouse - Relationship to Name of Applicant DOB Is Applicant Spouse? Email address ALL DEPENDENTS INCLUDING SPOUSE AND ALL OTHERS RESIDING IN HOUSE OTHERS LIVING IN HOUSEHOLD Age Name/Relationship Name/Relationship Age Name/Relationship Name/Relationship In your own words, specifically describe your current circumstances and List all previous assistance received within the past 12 months. the events/situations that brought you to this point. If you are an injured Organization Date \$ Amount veteran, describe the circumstances of your injury and how your injury impacts your financial situation. Attach additional paper if required. APPLICANT'S CERTIFICATION I certify the information contained in this application to be accurate, true and complete to the best of my knowledge. I understand that knowingly making a false statement in this application may be cause for denial of this application and/or referral for legal action. I have attached copies of the most current DD Form 214 and/or copies of all documentation substantiating the participation in the Global War on Terror campaign, death or service connected disability, and/or combat wound(s). Email the completed form to MFRF@azdvs.gov or fax to (602) 255-1038. SIGNATURE OF APPLICANT AND DATE This application is complete. SIGNATURE OF MFRF REPRESENTATIVE AND DATE Specifically, what financial assistance are you requesting? ACKNOWLEDGEMENT OF REASON FOR DISAPPROVAL I have apprised the applicant of the reason(s) and/or circumstances under which this request for assistance was disapproved. SIGNATURE OF MFRF REPRESENTATIVE AND DATE

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THIS APPLICATION IS APPROVED IN THE AMOUNT OF

SIGNATURE OF MFRF REPRESENTATIVE AND DATE

Α.	MONTHLY HOUSEHOLD INCOME	CURRENT	PROJECTED
1.	Salary of Applicant - Gross		
2.	Military retired pay		
3.	VA Disability Income		
5.	Social Security Benefits		
6.	Spouse's earnings (Gross)		
7.	Child Support (Received)		
8.	Food Stamps/W.I.C.		
9.	Social Service income (i.e. AFDC)		
10.	Other VA Benefits		
11.	Interest/Dividends		
12.	Rental income		
13.	Other Household Income (Specify)		
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.	TOTAL (A)		

B.	EXPENSES (Average Monthly Payments)	CURRENT	PROJECTED
25.	Alimony/Child/Family Support (paid)		
26.	Health Insurance		
27.	Charitable Contributions		
28.	Rent/Mortgage		
29.	Utilities		
30.	Telephone		
31.	Cable/Internet		
32	Food and Household supplies		
33.	Clothing		
34.	Life Insurance/SGLI		
35.	House/Personal Property Insurance		
36.	Vehicle insurance		
37.	Vehicle gas/maintenance		
38.	Child Care		
39.	Savings		
40.	Recreation/Entertainment		
41.	VEAP or school expenses		
42.	Medical/Dental		
43.	Personal needs (Specify)		
44.			
45.			
46.	TOTAL		
47.	TOTAL (B)		

C. INDEBTEDNESS

	Creditor Name	Purpose	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
48.								
49.								
50.								
51.								
52								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
61.								
62.								
63.								
64.								
65.	TOTAL INDEBTEDNESS*						(C)	

## **ASSETS:**

- 1. Vehicle (Yr. & Make)
- 2. Vehicle (Yr. & Make)
- 3. Real Estate Owned? If Yes, Value:

- 1. Date last pay received: Amount \$:
- 2. My household has \$ cash on hand/ in the bank (Savings/Checking Account Balances).
- 3. Date next pay will be received: Amount \$:

TOTAL INCOME:

TOTAL MONTHLY PAYMENTS (B+C):

SURPLUS or DEFICIT Amount: